

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		5				
7		5				
8		5				
9		5				
10	1					
11		1				
12		1				
13		3				
14		3				
15		3				
16		3				
17		3				
18						
19	1					
20		1				
21		1				
22		1				
23		1				
24		1				
25			1			
26				1		
27				1		
28				4		
29				4		
30				1		
31				4		
32				1		
33				4		
34				4		
35			1			
36				1		
37				1		
38				1		
39				4		
40				1		
41				4		
42				1		
43				4		
44				4		
45			1			
46				1		
47				1		
48				1		
49				4		
50				1		
TOTAL IND.	4		3			
TOTAL DEP.	46		50			
TOTAL CLAIMS	50		53			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53		4				
54		4				
55		1				
56		1				
57		1				
58		1				
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.		19				
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS